

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/521865  
FILING DATE

APPLICANT(S)

4/24/00

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	1					
5	0					
6	0					
7	0					
8	0					
9	1					
10	1					
11	2					
12	2					
13	0					
14	0					
15	0					
16	0					
17	0					
18	0					
19	0					
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47						
48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	20	←	17	←		←
TOTAL CLAIMS	22		19			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.				↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						